STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K014	A. BUILDING _____ B. WING _____	R 05/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAXIM HEALTHCARE SERVICES INC	6505 E 82ND ST STE 200 INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{G 000}	INITIAL COMMENTS	{G 000}		

This was a revisit for the Federal recertification survey completed on 3/25, 3/26, 3/27, 3/28, and 3/31/14 that resulted in an extended survey.

An Immediate Jeopardy was identified on 03/31/14. The Administrator was notified of the Immediate Jeopardy on 03/31/14 at 3:45 PM. The Immediate Jeopardy remained unremoved at survey exit. The Immediate Jeopardy was removed with a survey conducted 4/22/2014.

Survey Date: 5/08/14

Facility #: 002773

Medicaid Vendor #: 200456380

Surveyor: Shannon Pietraszewski, RN, PHNS

Current Census: 122

Two (2) conditions and 18 standards were found to be corrected during this survey.

Maxim Healthcare Services is precluded from providing its own home health aide training and/or competency evaluation program for a period of two (2) years starting 4/09/14 due to being found out of compliance with Conditions of Participation 42 CFR 484.18: Acceptance of Patients, Plan of Care, and Medical Supervision and 484.30 Nursing Services.

The Home Health Director and the hospital Clinical Nursing Director were informed of this preclusion during the exit conference held on

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{G 000}	Continued From page 1 5/08/14 at 5:00 PM. Maxim Healthcare Services is in compliance with the Conditions of Participation 42 CFR 484. Quality Review: Joyce Elder, MSN, BSN, RN May 12, 2014	{G 000}		